

Middle-aged adults with hearing loss have substantially higher health care costs

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In a study published online by *JAMA Otolaryngology-Head & Neck Surgery*, Annie N. Simpson, Ph.D., of the Medical University of South Carolina, Charleston, and colleagues compared the costs of health care for a matched group of privately insured individuals with and without a diagnosis of hearing loss.

Age-related hearing loss affects more than 60 percent of U.S. adults older than 70 years; the onset is gradual, with prevalence tripling from the age of 50 years to 60 years. However, the association between hearing loss in older middle-aged adults (age 55-64 years) and the use of health care has not been studied. For this study, the researchers included data of privately insured [individuals](#) 55 to 64 years of age with a diagnosis coding for hearing loss and matched them with a comparison group. Health care bills for up to 18 months of follow-up after baseline were summed by patient to calculate total payments for inpatient services, outpatient services, prescription medication, and cost of hearing services. A total of 561,764 individuals were included in the study.

The authors found that individuals with a diagnosis of hearing loss had 33 percent higher health care payments (average, \$14,165) during a 1.5-year time period compared to patients without hearing loss (average, \$10,629). "This finding indicates that negative health-related effects of hearing loss, a condition that many consider simply an unavoidable result of aging, may manifest earlier than is generally recognized and may affect use of [health care](#) across the continuum of care. Studies are

needed to identify the underlying factors that lead to the observed cost differences, as well as to ascertain the extent to which early and successful use of hearing aids and other hearing loss interventions modify cost differences. Nevertheless, our study suggests that [hearing loss](#) is costly, even in middle-aged individuals, and is present in large numbers of adults for whom early, successful intervention may prevent future hearing-related disabilities and decreased quality of life."

More information: *JAMA Otolaryngol Head Neck Surg*. Published online April 7, 2016. [DOI: 10.1001/jamaoto.2016.0188](https://doi.org/10.1001/jamaoto.2016.0188)

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